



BODY ART PRACTITIONER REGISTRATION INSTRUCTIONS

(California Health and Safety Code (CHSC) 119306)

I. PROCEDURES THAT REQUIRE REGISTRATION (CHSC 119300)

TATTOOING – means the insertion of pigment in human skin by piercing with a needle.

BODY PIERCING – means the creation of an opening in a human body for the purpose of inserting jewelry or other decoration. “Body piercing” includes, but is not limited to, the piercing of an ear, lip, tongue, nose, or eyebrow. “Body piercing” does not include the piercing of an ear when using a disposable, single-use, presterilized clasp and stud or solid needle that is applied using a mechanical device to force the needle or stud through the ear (with one exception).

PERMANENT COSMETICS – means the application of pigments in human skin tissue for the purpose of permanently changing the color or appearance of the skin. This includes, but is not limited to, permanent eyeliner, eyebrow, or lip color.

BRANDING – means the process in which a mark or marks are burned into human skin tissue with a hot iron or other instrument, with the intention of leaving a permanent scar.

II. REGISTRATION REQUIREMENTS

To register in the City of Pasadena, you must submit the completed Body Art Practitioner Registration Form along with the following:

- Photo Identification:** Attach a current driver license, passport, or other legal form of identification. Practitioner must be 18 years of age or older.
- Bloodborne Pathogens Certificate:** Attach a current certificate from an approved trainer. See Pasadena Approved Trainer List.
- Hepatitis B Vaccination:** Attach documentation of a complete series of Hepatitis B vaccinations, laboratory evidence of immunity, or the Hepatitis B Declination Form.
- A 2x2 Inch Passport Type Photo:** Only color photos with plain white background taken in full-face view with a neutral face expression will be accepted. Photos may be submitted electronically or in person.
- Practitioner Registration Fee:** A nonrefundable fee of \$76 is due at the time of submission. Complete the attached Credit Card Authorization Form or pay in person by cash or credit card. Checks and international money orders are not accepted.

Any person who fails to register with this Department and continues to practice body art or body piercing may be subject to fines or criminal penalties. Registration must be completed annually.

Any person who tattoos or offers to tattoo a person under the age of 18 years is guilty of a misdemeanor.

Any person who performs or offers to perform a body piercing upon a person under the age of 18 years is guilty of an infraction, unless otherwise authorized in law.

III. FACILITY LOCATION

All applicants must provide the business name and location address for all facilities in which they will perform body art. If a practitioner performs at multiple locations, each location must be identified.

IV. SUBMISSION INSTRUCTIONS

The completed registration application and payment must be submitted each year of operation by email to envhealth-bodyart@cityofpasadena.net or by mail or in person to the Pasadena Public Health Department, Environmental Health Division at 1845 N. Fair Oaks Avenue, Pasadena, CA 91103. Checks and international money orders are not accepted.

BODY ART PRACTITIONER REGISTRATION FORM

(Please print clearly, using BLUE or BLACK in only)

REGISTRATION INFORMATION			
TYPE OF REGISTRATION: <input type="checkbox"/> New Practitioner <input type="checkbox"/> Annual Renewal			
TYPE OF PROCEDURE: <input type="checkbox"/> Tattooing <input type="checkbox"/> Body Piercing <input type="checkbox"/> Branding <input type="checkbox"/> Permanent Cosmetics <small>(Check all that apply)</small>			
TYPE OF OPERATION: <input type="checkbox"/> Permanent Facility <input type="checkbox"/> Event Only Event Date: _____ Booth Name: _____			
APPLICANT INFORMATION			
Practitioner Legal Name:			Date of Birth:
Mailing Address:		City:	State:
Email Address:		Cell Phone:	
BODY ART FACILITY INFORMATION			
Name:		Address:	Phone Number:
List all current California practitioner registrations (attach additional sheets if necessary):			
JURISDICTION NAME (COUNTY OR CITY)	REGISTRATION NUMBER		EXP. DATE
1.			
2.			
List all additional sites you will perform body art activities (attach additional sheets if necessary):			
FACILITY NAME	ADDRESS		LICENSE NUMBER
1.			
2.			
STATEMENT OF UNDERSTANDING			
<p>The undersigned hereby applies for a Body Art Practitioner Registration and agrees to operate in accordance with all applicable State and local requirements governing safe body art practices. I understand that I must display the certificate confirming registration in a place readily visible to the public when performing body art procedures. I understand that I must register annually with the City of Pasadena.</p> <p>I hereby certify that I have knowledge of and a commitment to meet state law and relevant local regulations pertaining to body art safety.</p> <p>I understand that any person who conducts body art activities to a person under the age of 18 years is guilty of a misdemeanor, unless otherwise authorized in law.</p>		<p>I have attached the following required items:</p> <input type="checkbox"/> Photo Identification <input type="checkbox"/> Bloodborne Pathogens Certificate <input type="checkbox"/> Hepatitis B Vaccination Documents <input type="checkbox"/> A 2x2 Inch Passport Type Photo <small>(Renewals may reuse photo on file)</small> <input type="checkbox"/> Practitioner Registration Fee	
Signature:			Date:
Print Name:		Title:	
DO NOT COMPLETE INFORMATION BELOW – FOR OFFICE USE ONLY			
Approved:	Approved Date:	Received Date:	PE Number: 3011 Business Code: 1063
Amount Paid:		EHS Signature:	

Applications may be submitted by email envhealth-bodyart@cityofpasadena.net or in person or by mail. Payment is due at time of submission. To pay by credit card complete the Credit Card Authorization Form. Checks and international money orders are not accepted.



CREDIT CARD AUTHORIZATION FORM

Cardholder Name: _____
Card Type: <input type="radio"/> Visa <input type="radio"/> MasterCard <input type="radio"/> American Express <input type="radio"/> Discover
Card Number: _____
Expiration Date: _____ Security Code: _____ ZIP: _____
Amount: \$ _____ Signature: _____

NO REFUNDS

Body Art Event Fee Descriptions	FY 2017 Fee
Body Art Annual Practitioner	\$78.00